



# *Understanding* **Your Explanation of Benefits**

After you have visited a doctor, clinic or hospital or filled a prescription, you will get a statement from Blue Cross and Blue Shield of Texas (BCBSTX) that explains what was covered under your plan. This is called an Explanation of Benefits, or EOB.

## **An EOB will have these details:**

- The patient and the service provided
- The amount charged by the provider
- The amount of the charges that are covered and not covered under your plan
- The amount paid to your provider
- The amount you're responsible for

The EOB isn't a bill. Anything you owe will be billed from your provider.

You can use your EOB to keep track of how much has been paid toward your annual deductible and out-of-pocket costs.

Your EOB explains your right to appeal if your health plan doesn't cover the provider's claim for care provided.

Sometimes a simple error could cause a claim to not be paid, such as the claim not having the right information. Anytime you have a question about what is on your EOB or how the claim was paid, call Customer Service to talk with a Customer Advocate. We want to make sure you understand your coverage each step of the way.

Your EOB also lists our fraud hotline, a toll-free number to call if you think you are being charged for care you did not receive or by providers you never saw. One of the best ways to stop health care fraud is to catch it at its source.

If you have any questions about an EOB, call us at 888-697-0683 or log into your Blue Access for Members<sup>SM</sup> account at [bcbstx.com](https://www.bcbstx.com).

*Think* Blue<sup>SM</sup>



BlueCross BlueShield of Texas

The information provided in this document is based on current information, should not be considered comprehensive and should not be relied upon for benefit decisions. It should not be considered legal or tax advice.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, an Independent Licensee of the Blue Cross and Blue Shield Association

TB0056.1114

# Sample EOB



**BlueCross BlueShield of Texas**

1001 E. Lookout Drive  
Richardson, Texas 75082

1 Explanation of Benefits (EOB). **This is not a bill.**  
2 HEALTH CARE SERVICE CORP  
Month/Date/Year

4 ANTHONY DOE  
100 BLUEBIRD LANE  
DALLAS, TX 75201

3 Customer Service: 1-800-XXX-XXXX



5 Check here for BCBSTX messages.

### Summary

11 Total Billed:	\$45.00
Total Benefits Approved:	\$16.20
Amount You May Owe Provider:	\$1.80

6 Member Name: Anthony Doe  
7 Group No.: 12345  
8 Identification No.: ABC123454569  
9 Claim No.: 2020000000000X  
10 Patient Name: Anthony Doe

### Claim Information

The following shows how this claim was processed.

### Service Information

12 Service Description	13 Service Date	14 Amount Billed	15 Not Covered	16 Covered
IMAGING RADIOLOGISTS LLC				
Medical Emerg X-Ray	Month/Date/Year	45.00	27.00 (1)	18.00
17 Totals		\$45.00	\$27.00	\$18.00

### Coverage Information

Totals	\$45.00	\$27.00	\$18.00
18 PARTICIPATING PROVIDER OPTION (PPO REDUCTION)		-27.00	
<b>Deductions</b>			
19 Your 10% Coinsurance Amount.....		1.80	
Total Deductions			-\$1.80
20 Total Benefits Approved			\$16.20
21 Amount You May Owe Provider			\$1.80
22 Total covered benefits approved for this claim: \$16.20 to IMAGING RADIOLOGISTS LLC.			

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- 1 Account name (member's company or organization)
- 2 Date claim was finalized
- 3 Toll-free number to call for additional information
- 4 Member's name and mailing address
- 5 BCBSTX messages
- 6 Member's name
- 7 Employer or group identification number\*
- 8 Member Number that appears on the ID card\*
- 9 Claim number\*
- 10 Person who received the services\*
- 11 Summary box, including the total billed by the provider for the services, the benefits approved and paid by BCBSTX, and the remainder you may owe (See also 14, 20 and 21)
- 12 Provider name (top line) and description of service (below)
- 13 Beginning and ending service dates
- 14 Amount billed by the provider for each service
- 15 Portion of the billed amount not covered by the plan (a footnote explains the reason; for example, provider discounts)
- 16 Amount covered by the plan\*
- 17 Total charges included on this claim
- 18 Plan reductions subtracted from billed amount, such as PPO allowances
- 19 Deductible and copayment or coinsurance amounts; can also display applicable penalties and/or reductions for failure to preauthorize
- 20 Payment approved before benefits are coordinated with other insurers, such as Medicare
- 21 Amount the member may be responsible for paying to the provider
- 22 Total benefit approved for the claim, paid to the provider

\* Please provide this information when contacting us about a claim. Not all EOBs are the same. The format and content of your EOB depends on your benefit plan and the services provided. Deductible and copayment amounts vary.